

## Request for Certificate of Occupancy or Completion

**(Master and Sub Permits must be in final status before submitting this request; otherwise we will not accept your application)**

Date:	Permit Number:
Job Address:	Parcel Number:
Unit/Suite #:	Occupancy/Use:
Number of Units for this CO request:	Change of Use From: _____ To: _____
Total square feet for this CO request:	Tenant Name:
<b>Applicant or Contractor Name:</b>	<b>Owner or Business Name:</b>
Applicant or Contractor Mailing address:	Owner or Business Mailing address:
Telephone Number:	Telephone Number:
E-Mail Address:	E-Mail Address:
<b>Contact Name:</b>	Contact Telephone Number:
<b>Contact E-Mail Address:</b>	
<b>Your CAP Account Email Address for Billing Purpose:</b>	

### Office Use Only

Description:	Master Permit Status: _____ Pending/Open Permits: _____
Final Inspection(s) Passed: <input type="checkbox"/> F <input type="checkbox"/> PW <input type="checkbox"/> Z <input type="checkbox"/> B <input type="checkbox"/> ELV. CERT <input type="checkbox"/> FLOOD	Violations #: _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
TCO NO: _____ EXPIRATION DATE: ____-____-____	Substantial Improvements: YES <input type="checkbox"/> NO <input type="checkbox"/> Unity of Title: YES <input type="checkbox"/>
Certificate Number:	Occupancy Group: _____ Change of Use: YES <input type="checkbox"/> NO <input type="checkbox"/>
Invoice No: _____ Amount Due: _____	Notes:
Payment(s): <input type="checkbox"/> YES <input type="checkbox"/> NO -- <input type="checkbox"/> PAID	Notification to customer (date):

#### ADA Information

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact+ 305.604.2489 (voice), 305.673.7524 (fax) or 305.673.7218 (TTY) five (5) days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service).

#### City of Miami Beach Mission

We are committed to providing excellent public service and safety to all who live, work, and play in our vibrant, tropical, historic community.

<b>Form Name</b>	CO/CC - Request form
<b>Form Purpose</b>	The purpose of obtaining a certificate of occupancy or completion is to certify that, according to the law, the house or building is in fit-to-live condition.
<b>Requirements</b>	Master and Sub permits must be in final status. Permit Holder or Owner must submit form to request Certificate of Occupancy or Completion.
<b>Online Forms</b>	<a href="http://www.miamibeachfl.gov/building/scroll.aspx?id=37842">http://www.miamibeachfl.gov/building/scroll.aspx?id=37842</a>
<b>Associated Fees</b>	Fee Schedule section 14: <a href="http://www.miamibeachfl.gov/building/">http://www.miamibeachfl.gov/building/</a>
<b>Form Process</b>	Form must be submitted via email to Building Administration.
<b>For Assistance</b>	Please contact: <ol style="list-style-type: none"><li><b>In – person:</b> Building Department, Miami Beach City Hall, 1700 Convention Center Drive, 2<sup>nd</sup> FL, Administration Miami Beach, Florida 33139</li><li><b>Via Telephone:</b> 305-673-7610 options # 3, then # 5.</li><li><b>E-mail:</b> <a href="mailto:TCO-CO@miamibeachfl.gov">TCO-CO@miamibeachfl.gov</a></li></ol>

#### Building Department Mission

We are dedicated to serving the public by the efficient and effective supervision of construction, business, professional and personal activities to safeguard the public health, safety and general welfare of the City's residents and visitors by enforcing the Florida Building Code and the City Code of Ordinances.